

Clinical Center

News

September 1988



In this issue:

MFL lecture series to begin
Research poster a first for CC
OMS wears many hats

From the editor's desk . . .

FREE GIFTS FOR ALL CC EMPLOYEES! Now that I have your attention, I am happy to report that the Crime Watch keychains should be delivered by mid-September. Employees may pick up one at the Office of Clinical Center Communications (CCC) in room 1C255.

Other news this month includes preparations for the approaching Medicine for the Layman lecture series, which begins October 4. For the 12th consecutive year, NIH physicians will give lectures and slide presentations, and answer questions on current topics of interest to laymen. The lectures are held 8 to 9 p.m. Tuesday evenings in Masur Auditorium.

This issue of *CC News* also includes

coverage of the groundbreaking ceremony for the Children's Inn at NIH, a feature on occupational medical service (OMS), and a preview of Dr. David Henderson and Deloris Koziol's poster that will be presented at NIH Research Day September 27.

A new feature in this month's newsletter is "The dimbox box," which provides a few new words to describe life's indescribable people. A few readers already have responded to the new "Employees' corner," and I encourage the rest of you to send in your artistic creations, such as poetry or prose.

I also want to remind, encourage and invite departments to create their own column in *CC News*. The frequency of the column can vary with need. It is an

excellent way to spread important news not only within your department, but throughout the CC. Friends of the Clinical Center (FOCC) and the personnel department have established columns. For more information on creating a department column, call me at 496-2563.

I hope you had a great summer and that you enjoy this issue of *CC News*.—ejp

Quote of the month

There are two ways of spreading light: to be the candle or the mirror that reflects it.

*Edith Wharton
1862-1937*

Letters . . .

Employees donate annual leave

I want to thank those CC employees who generously contributed toward my need for 750 hours of donated annual leave. This leave is given through the temporary leave transfer program, which is scheduled to end September 30, 1988. I still must raise 550 hours before then.

This leave will cover my absence from work while I undergo eye surgery, therapy for severe joint instability, and possible bilateral hip replacement.

The need for such a large amount of leave is based upon my present ability to work a minimum of two hours a day in the lab.

My most pleasant hours, however, are spent counting the many blessings of CC and NIH employees who continue to help.

With grateful appreciation,
Mary Weideman
Critical Care Medicine

Patient says "thanks" with poem

'Twas early in July and all through my home—
I packed what I needed, my toothbrush and comb.

I headed to Maryland, to a great place,
And entered Building 10 with a smile on my face.
Some patients are snuggled and comfy in bed,
While visions of cures danced in their head.
Doctors Balish and Theodore hope to help me
With blood tests, EEG's and telemetry.
When nurses hear the bell or hear any clatter,
They spring from their station to see what is the matter.
Lights in the telemetry room are very bright.
They give a luster of midday all through the night.
Many tall young doctors so lively and quick
Pull out a stethoscope to hear my heart tick.

Last week who, to my wondering eyes, did appear
But social worker, Ruth K, the woman of the year.
We spoke many words about the past nine years
I'm an emotional lady, so out came the tears.
As they pulled in my head to an MRI machine
I said it's the strangest test I've ever seen!

Telemetry's cruel and unusual punishment
Made legal by the U.S. government.
The nurses and workers are concerned and kind;
Your welfare and comfort they have on their mind.
Now to Paula, Theresa, Priscilla, Alexis and Pat
Mary, Salange, Sherri, Robin, I take off my hat!
Dr. Balish, Dr. Bromfield and Dr. Theodore
Please help me with my problem, I sincerely implore.
So you'll hear me exclaim when I leave with my health
You were all so helpful; health is better than wealth!

*—Barbara Osinski
patient on 5 West*

Do you have a comment or opinion that you would like to share with other CC employees? Write to us.

Letters, which may be edited for space and clarity, must include the writer's name, work address and telephone number for verification. Names will be withheld upon request and be considered confidential. Send letters to Editor, CC News, building 10, room 1C255.

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CC News articles may be used for publication if appropriate credit is given.

About the cover: This month's three-dimensional line drawing of the occupational medical service (OMS) was designed by Trudy Nicholson, medical arts and photography branch.

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Mark your calendar! NIH physicians will present lectures, slide shows, and question-and-answer sessions on six topics at the 12th annual "Medicine for the Layman" lecture series. The program is free and open to the public.

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From Decker's desk

Ambulatory Care Research Facility (ACRF)

Long ago many of us had charts on the walls giving the dates of expected milestones in the construction of the ACRF. We couldn't recall the correct order for the letters "ACRF" and their meaning remained doubtful even after a 10-minute debate. APCR was more familiar: the American Federation for Clinical Research.

Well, the structure is very much with us today, a huge glass ice cube nestled in the northerly brick arms of the "old building." Should the ice cube continue to bear that extraordinary name, The Ambulatory Care Research Facility?

Our patients and visitors listen again in cup-eared horror; "What was that again? The Ambulatory Care Research Facility?" Most of us know it as the ACRF, which is unduly obscure for visitors. Most hospitals hook a name onto various buildings, wards or sections—White Building, Harvey Building, Mintern 4, and Klingensteins Pavilion are examples of a more easily recognized and remembered system.

When and why did our giant moniker appear on the scene? Without doing the requisite research, I'd be willing to bet a hat that it had something to do with getting the United States government to authorize its construction, that the name was affixed when the building was little more than a gleam in Tom Chalmer's eye. Even to this day, the term "ambulatory care research" is ambiguous. You and I would probably guess that it meant the

conduct of research involving patients on the hoof as outpatients. Given the tenor of those times, however, it could have and probably did refer to "care research," that is, research devoted to improving methods and reducing the cost of the delivery of care. The building itself is very much split down the middle—patients on one side and labs on the other. If we similarly split the name, you could argue that one part was for ambulatory care and the other for research. The noun, ambulatory, is defined as a sheltered walking area within a cloistered monastery; one wonders how that got into the name at all. As an adjective it means walking or moving care, although presumably it is the patient who moves, not the care.

Disregarding the etymology, there are still problems that are best appreciated by listening to the directions given to lost persons on the main floor of the ACRF. Gulp! There I go again. They are sent to the "old building," "the brick building," "back along the slanted corridor," "the hospital," and the "main building"—a cacaphony of names guaranteed to cause confusion. In the area around the Red Cross desk one hears references to "the hospital entrance," "the clinic elevators," "the only elevators that go to the garage," "the balcony restaurant," and "staff elevators." It is no wonder that one is commonly accosted at least daily for directions.

A simple change in our mutual understanding of names is not going to

make it all simple, but it will surely help. I'd like to propose a change in a direction that seems already spontaneously underway. Let us drop the once useful name, Ambulatory Care Research Facility, into the dustbin of history. Let us call the glass cube "the Clinic" and the brick building to its south "the Hospital." Many will object that the former is not "just" a clinic. Certainly true, but neither is the latter "just" a hospital. The Clinic and the Hospital are connected by an area appropriately referred to as the bridge. An individual clinic can be referred to as clinic 12 or clinic 9, for example. The hospital patient care units would continue to bear their familiar and time-honored names, 11 East or 5 West, for example. You and I know that what we are describing as two buildings is in fact the Warren Grant Magnuson Clinical Center comprised of the Hospital and the Clinic, both housing extensive laboratory and clinical facilities. The Clinic is, in truth, just a part of building 10—the C or center wing, in fact—but designating and distinguishing Hospital and Clinic most nearly approaches calling a spade, a spade.

—John L. Decker, M.D.

The administrative column, From Decker's desk, is written by Dr. John Decker, Dr. Saul Rosen or Mr. Raymond Becich and provides information for or addresses issues of concern to CC employees.

Could Sherlock Holmes solve this one?

Get out your deerstalker hats and meerschaum pipes! Dr. Jermone Kassirer, of Tufts Medical School, will challenge Dr. John Bennett to decode cryptic clinical cases during Grand Rounds October 5.

"Professor in Action" is a teaching device used by the American College of Physicians at their annual meetings. Kassirer will show a series of slides to Bennett and the audience that provide increasing information on the case in

question. Bennett will use this information to arrive at tentative then increasingly secure hypotheses. Kassirer will orchestrate and the audience will see and hear the case unfold to a final conclusion.

"This is the first time we are devoting a full hour of Grand Rounds to one topic," says Dr. Saul Rosen, deputy director of the CC. "The audience will see firsthand how a top clinician works." □

Fire drills required for JCAH survey

In preparation for the Joint Commission on the Accreditation of Healthcare Organizations survey this fall, the NIH fire department will conduct and critique fire drills for the CC. There will be one drill per shift for each nursing unit and department. These drills will be unannounced. Though this may disrupt normal routine, it is necessary both in terms of fire safety and in preparation for the Joint Commission survey. □

OMS treats more than cuts and bruises

By Ellyn J. Pollack

Veterinary staff alerted OMS of the potential risk to animal handlers because of suspected measles in some NIH monkeys.

An NIH office employee's complaints of difficulty breathing, burning eyes, and headache led this person to visit OMS.

These are just two examples of when occupational medical service (OMS), together with another branch of the division of safety (in these cases the occupational safety and health branch), intervened and prevented additional employees from becoming ill.

The primary interest of OMS is to promote the health of employees at the work site. In the first case, OMS worked with NIH veterinary and safety staff, as well as local and state health departments, on a screening and vaccination program for workers to prevent spread of infection to susceptible employees and monkeys.

In the other instance, OMS notified the occupational safety and health branch (OSHB) to investigate the employee's work site. It was discovered that a volatile vapor was released in the air causing the employee's breathing problems. Environmental safety, engineering, and custodial services were instrumental in cleaning up the office space and preventing other employees from being affected.

Last year OMS staff handled 31,600 visits, of which 58 percent were work-related, 29 percent involved health promotion, and 13 percent were acute nonwork-related medical visits.

"OMS plays a key role in not only dealing with the immediate problems of the individual, but in identifying and solving problems to prevent recurrence," says Dr. Robert McKinney, director of the division of safety.

A large part of what OMS does is preventive medicine, according to Dr. Barbara Wasserman, OMS medical director. "We have shifted from seeing a lot of personal problems to seeing more occupational problems."

One approach OMS staff uses in promoting employee health is to set up medical surveillance programs and monitor specific categories of employees who may come in contact with hazards. These observations may lead OMS staff to immunize employees or to run certain



laboratory tests to detect potential injuries to organ systems. When job site hazards contribute to a job-related illness or injury, OMS staff works closely with OSHB and the CC safety officer to investigate and implement preventive measures.

Last fall, two lab workers outside of NIH sustained occupational infections to the HIV virus. Naturally this was a concern for lab and health care workers. OMS and the division of safety developed an occupational medical surveillance program that included all lab workers doing research with retroviruses, as well as health care workers who have exposure to blood and body fluids.

"If an individual reports an HIV exposure, we consult with half a dozen experts here at NIH to get a consensus opinion on the advisability of administering AZT on a short-term basis," says Dr. James Schmitt, OMS senior staff physician. "You cannot get that type of emergency expert opinion anywhere else."

"For all the projects we work on, we utilize NIH experts to the greatest extent possible. Regarding Hepatitis B, we worked with representatives from the CC blood bank, Hospital epidemiology service, and NIAID. For the retrovirus exposure surveillance program, we consulted with experts in the CC, NCI, and NIAID.

"Many of the surveillance programs

we develop are unique and state-of-the-art. These programs have been used as models by organizations all over the nation."

OMS also provides emergency medical services for both work-related and nonwork-related medical problems, Wasserman says. For example, if someone experiences chest pains, the OMS staff will do an emergency evaluation and stabilize the person. If the medical emergency is not work-related, OMS will send the person to an appropriate community medical resource. If it is work-related, care will be provided by OMS.

"Where there is any question of an emergency condition in the Clinical Center, such as chest pains or fainting, the proper response is to call the code team at 111," Wasserman emphasizes. "If someone falls or has a bad cut and needs transportation, call the fire department at 116. The fire department will do an assessment on site and then call OMS to see if the person should be brought here or to Suburban Hospital."

When an employee sustains an injury and is not able to do his or her normal duties, OMS often works with the supervisor to find some light work the employee may be able to do. This enables the employee to continue working, rather than using sick leave, and often contributes to a faster recovery, according to McKinney.

Education also plays a major role in promoting employee health. The OMS staff teaches employees safe work habits to minimize risk of exposure to hazards, and urges employees to promptly report suspected illnesses or injuries related to the work site. Cardiopulmonary resuscitation (CPR) training is offered to nurses and physicians, and a Heart Savers class is provided for laypersons who would like to learn CPR.

Another form of preventive medicine includes pre-employment examinations. The OMS staff evaluates job candidates for any medical problem that may interfere with job responsibilities or provide risk to the individual or others.

"The primary emphasis of OMS is prevention," McKinney emphasizes. "While they are there to provide care, their real goal is not to have any patients." □

The dimbox box

A dimbox is a smoother-over of disputers, an expert at getting others to make up, a veteran mediator or negotiator . . . none of which has anything to do with why we've chosen The Dimbox Box as our title for this new monthly piece—it's just a catchy phrase, and gives us an excuse for using a box. Besides, dimboxes sound like nice people. The real purpose of this box is to give our readers a few new words to describe life's indescribable people. Most of what's in the box was written by David Grambs, who published a book on the subject.

Gobemouche (gob moosh'): the fly swallower, or that unfortunate person who will believe just about anything. Give this Gullible Gus, or rube, a bit of rumor or a lot of cock-and-bull, and he'll run with it. Another rare word for a born dupe is gudgeon.

Agathist (ag' e thist): the meliorist, or forward-looker who believe that the world and things in general are heading for the better. Thus in things that most people regard as evil or tragic, such as virulent diseases, calamitous earthquakes, or wars, the agathist can find some ultimate purpose. The optimist (in the purest sense) sees the present as being pretty much for the best; the agathist, less content with the present, nonetheless thinks things are inevitably tending toward good, though perhaps not along the best road.

Bashi-bazouk (bash' e be zook'): a dangerously out-of-control, undisciplined individual who knows no law; in short, an unmanageable wild person. The word, referring to a one-time group of savage Turks who were military irregulars, is certainly satisfying to the ear—if dangerous to say to somebody with a violent disposition.

Dogberry (dog' be re): any smug official who is little more than an ignorant, inept busybody or malfunctioning functionary. Dogberrys (the word comes from the name of a bonehead constable in Shakespeare's "Much Ado About Nothing") officially fuss and bluster and bumble and blunder, all in a day's work.

K-9 team catches man in clinic

A search of the clinic conducted by NIH K-9 team members Sgt. Gerald Watson and Maverick has led to an arrest. During the search an individual was found asleep in the 11th floor clinic. Reports from housekeeping personnel stated that a person had been seen in the clinic area

after hours matching the description of a theft suspect.

The suspect was arrested by Officer Robert Shapiro and charged with theft, trespassing, and unauthorized admission after hours. Officer Norman Dadd assisted the K-9 team. □

Newsmakers . . .

Dr. Charlotte Berg, deputy chief of social work, retires this month after 10 years at the CC. The majority of her 28 years of experience in social work has been in health care fields. Unsure of how she will spend her free time, she says she may become involved in the Sierra Club, Nature Conservatory, and arts and crafts.

James Alexander, chief of CC equal opportunity office, will oversee responsibilities for the medical staff fellowship and medical student elective programs. Dr. Daniel Cowell relinquished these responsibilities to Alexander in preparation for Cowell's departure this winter to HRSA.

Edmund Grant Howe, M.D., J.D., has been named chief of the bioethics program. Currently an associate professor of psychiatry at USUHS, Howe will join the CC in mid-November. Until then, Dr. Alison Wichman will continue as acting chief.

In mid-October, John Rodak, Jr., assistant hospital administrator for the office of medical staff affairs, will leave the CC to join Dr. Daniel Cowell at the Health Resources and Services Administration. Rodak will be a program analyst for quality assurance. Dr. Martin Goldenberg will assume Rodak's responsibilities as chief of the office of medical staff affairs.

Dr. Jeffrey Norton is a member of the task force on nutrition support in AIDS. The task force is drafting nutrition support guidelines for physicians, dietitians, and other health care practitioners involved in the management of persons with AIDS.

The guidelines will provide specific recommendations for appropriate nutrition intervention at each stage of the illness. The guidelines are expected to be published in the fall.

In mid-June, George Patrick joined the CC as special assistant for clinical services in the patient activities department (PAD). He will provide administrative and clinical direction to the PAD. Patrick was an assistant professor of recreation and leisure studies at the University of Georgia.

Dorothy "Dottie" Cirelli has been promoted to assistant hospital administrator and will work with Larry Eldridge, associate hospital administrator. Cirelli joined the CC four years ago as a hospital administrative officer. She also has worked as a psychologist for NIAAA.

Veterinarian Dr. Muriel Slattum joined the CC last month. She will work with researchers who use animals in their studies, offering advice on treatment and caring for any animals that are sick. Slattum also is a member of the animal care and use committee. Prior to joining NIH, she was a resident in laboratory animal medicine at the University of Washington. She has a master's degree in epidemiology and a doctorate in veterinary medicine.

Thomas W. Jones retired after 31 years at the CC. Most recently he was a monitoring technician in the critical care medicine department. He says he enjoyed the patients and staff. Gardening and travelling are in his future plans.

MFL lecture series begins Oct. 4

The 1988 "Medicine for the Layman" lecture series begins next month. The series of free lectures by NIH physicians on health, disease, and the human body is held 8-9 p.m. on Tuesday evenings in the Masur Auditorium. For more information call the Clinical Center Communications office at 496-2563. This year's lectures include:

October 4—Dr. Thomas C. Quinn, a grantee from NIAID, discusses **The Pandemic of Sexually Transmitted Diseases (STDs)**. Quinn, senior investigator with the laboratory of immunoregulation at Johns Hopkins, presents factors influencing the increase in frequency and numbers of STDs and such medical complications as infertility, pelvic inflammatory diseases, or death as with AIDS. He also highlights several of the most common STDs seen in medicine and discusses diagnosis, treatment, and strategies for prevention and control.

October 11—Dr. Judith A. Cooper, program administrator in the division of communicative and neurosensory disorders, NINCDS, addresses problems unique to persons afflicted with speech and language disorders in her upcoming MFL talk. **Speech and Language Disorders: When Talking and Listening Aren't Easy**, focuses on three major communicative disorders: stuttering, adult aphasia (resulting from stroke), and developmental language disorders such as slow talkers.

October 18—Dr. John Richert, a grantee from NINCDS, and neurologist at Georgetown University Hospital, discusses symptoms, causes, and treatments—both experimental and accepted—in his overview of **Multiple Sclerosis**. Several

complications are associated with the disease—difficulty with eyesight, bladder, balance, and walking.

October 25—Dr. John Mulvihill, NCI, focuses on the causes of one of America's major killers—cancer. In **Genetics of Cancer: Does Cancer Run in Families?**, Mulvihill discusses the genetics and environmental factors involved in causing cancer, and an overview of some cancer families. He also highlights a few cancers (e.g., colorectal, breast, and melanoma) as a feature of genetic disorders.

November 1—Dr. Marilyn H. Gaston, acting chief of the sickle cell disease branch, NHLBI, discusses new information for treating persons diagnosed with sickle cell disease. In her talk, **Sickle Cell Anemia: Now We Can Save Lives**, Gaston dispels some of the myths linked to the disease, and highlights steps to take to help persons with sickle cell disease live long, productive lives.

November 15—Dr. Stephen Straus, NIAID, discusses signs and symptoms of chronic fatigue, a relentless, debilitating exhaustion. In his talk, **Chronic Fatigue Syndrome**, Straus addresses diagnostic tests available, who is most vulnerable, treatment, and recent research findings. □

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Patient Education Perspectives

Wendy Schubert

The title for this month's column is the Greek alphabet. This lovely language has posed somewhat of a problem for CC staff who need to relate to Greek patients. Realizing the need for a document to communicate with all patients, including Greeks, about one of their programs, the patient activities staff devised a booklet that would serve two purposes: to summarize the adult arts and crafts program for both English-speaking and Greek-speaking patients.

The Adult Arts and Crafts Program serves this need and is the first CC patient education booklet to be printed in Greek. Its English language companion is displayed on the publication rack outside the Communications Office (IC255).

Another publication, *Understanding Sarcoidosis*, was developed by nurses Sonia Swayze and Alfrieda Nagata (heart and lung nursing service). The booklet explains the nature of the disease, diagnostic tests used, and lists some self-help organizations. It, too, is available from the authors and can be seen on the publication rack.

In other news, Cross Cultural Health is planning a series of seminars in the coming months. Topics will be announced in *CC News* and will cover the cultural aspects of various patient populations seen at the Clinical Center.

Wendy Schubert is a public affairs specialist in the Office of Clinical Center Communications. She can be reached at 496-2563, or in building 10, room IC255.

NIH to celebrate National Hispanic Heritage Week

This year's theme for National Hispanic Heritage Week is "500 Years of Hispanic Heritage 1492 to 1992—The Women's Contributions."

The NIH program will feature a lecture on "Molecular Neurogenetics." Presented by Dr. Lydia Villa Komaroff, associate professor of neuropathology at Harvard Medical School, the one-hour lecture will begin at 10:30 a.m. Tuesday, September 13 in the Shannon Building's Wilson Hall.

The program, sponsored by the

division of equal opportunity and its Hispanic American advisory committee, continues at 11:30 a.m. with a discussion panel on Hispanic women's issues. Participants include Komaroff, Dr. Ana Maria Perera, U.S. Department of Education, Emma Navaja, attorney-at-law, and Paquita Vivo, president of Isla, Inc. Following the panel discussion, various samples of Hispanic food will be available.

For more information, call Victor Canino, Hispanic employment program manager, at 496-9013. □

Clinical Center

CRIME WATCH

Thousands of dollars are lost every year through theft and vandalism of government property, such as equipment and supplies, as well as personal property of employees. Statistics for a recent month at the CC show:

Sexual assault: Stairwell 19 in the Clinic, 5 p.m.; suspect is black male, 6'2", 200 lbs., wears glasses

VHS recorder stolen: 1C498, 1/2" tape, government property

Cash/credit cards stolen: (3 counts) B1 cafeteria, 10C103, 11B09, personal theft

Police officers assaulted: P3 garage, suspect arrested

VHS video tapes stolen: 2C525, Scotch brand, government property

Sony walkman stolen: 2N113, walkman not secured, personal property

Surgical instruments stolen: 9N262, government property

Seiko watch and cash stolen: 2N244, property not secured, personal property

Keys stolen: 4N212, Toshiba computer keys

You are a vital part of your personal security, as well as assuring the safety and security of your co-workers. Crimes against a facility such as the CC, or against a person such as yourself, are usually crimes of opportunity. If you make it easy for someone to steal from you or make yourself vulnerable for personal assault crimes, chances are you will become a victim. Security is your job.

If you see something suspicious or have information about a crime or act of vandalism at the CC, contact the NIH police department. Call 115. □

News briefs . . .

Employees ordering controlled substances for animal studies and chemical research may no longer use Delpro, the procurement authority delegated to the institutes. Orders must be placed through the division of procurement. For a copy of the new instructions, call 496-3518.

The 1989 Combined Federal Campaign (CFC) will be held for six weeks this year. Write-ins are no longer accepted; employees signing up for CFC must give to one of the charities listed. Maureen

Gormley, hospital administrative fellow, will assist Executive Officer Raymond Becich with the campaign.

Don't forget—All FY '88 orders must be entered into Delpro by the close of business Friday, September 16. Pending budget approval by Congress, employees may resume placing orders into Delpro Monday, October 3. Employees should check their supplies to anticipate items that may be needed.

Groundbreaking ceremony

Children's Inn 'shows we care'

By Ellyn J. Pollack

People of all ages gathered for the groundbreaking ceremony for the Children's Inn at NIH.

"It won't be long before people say, 'Ah, NIH. That's where the Children's Inn is located,'" Dr. William Raub, deputy director of NIH, told a crowd of 300.

The 33,000-square-foot, two-story building will house up to 36 NIH pediatric patients and their families. Located at Cedar Lane and West Drive, the inn is expected to open in March 1989.

Merck & Co., Inc., the research-intensive pharmaceutical company based in Rahway, NJ, donated \$2 million to build a house for children undergoing treatment at the CC and their families.

"No one stands so tall as when he stoops to help a child," said Alan Kay, a Washington builder and member of the Children's Inn Board of Directors. Kay will supervise construction of the project.

Dr. Philip Pizzo and Peggy Pizzo received standing ovations for being instrumental in getting the project started. Some people affectionately refer to the Children's Inn as 'Pizzo Hut.'

"The inn will not by itself alleviate the pain of illness, but it will provide comfort and compassion," Dr. Pizzo said. "It is evidence that we are committed to the care of the whole child and the whole family."



A pediatric patient helps break ground for the Children's Inn at NIH. Behind him are Dr. Philip Pizzo (center) and Dr. P. Roy Vagelos.

"The Children's Inn is our way of saying you are not alone," Peggy Pizzo added.

Dr. P. Roy Vagelos, chairman and chief executive officer of Merck, presented a million-dollar check for the inn's construction to Brenda Small, former patient and current representative for the pediatric patients. In exchange, Small gave a framed, colored rendering of the Children's Inn, which the pediatric patients had signed, to Vagelos as a memento. □

What happened to commitment?

What happened to commitment? You used to be able to count on things . . . and people . . . but now that is rare.

And you can't find good help anymore. Don't feel sorry for me just because my life is going to h . . . in a handbasket. That's not the point. I'm not using this column so I can sound off about things, although it seems like it this time.

But the expression, 'I'm mad as heck and I'm not gonna take it anymore,' seems appropriate.

Maybe I should explain. In order for me to get to work, get food in the house, get the laundry done, and the thousands of things that most people do easily and take for granted, I have to have live-in help.

My helper is a paid companion and sometimes a friend. I make a commitment to have the person in my home, I pay the bills, I buy the food, and I treat them with respect—not like hired hands.

My helper makes a commitment to

help me with all the daily chores that are so hard for me to do alone.

Things were going along smoothly, or so I thought. My helper had promised to stay with me for a year. Stability was something I really needed. She wanted to go to school in Washington, or so she said. A perfect match, right? That was three months ago. Now all of a sudden she's joined the Navy. She called me while I was on vacation (the coward) and said that she has to report to boot camp in two weeks. THANKS A LOT!!!! Didn't the Navy recruiter tell her that a three-year commitment to the Navy is a real commitment? She won't get out of that one anytime soon.

What if I had said to my helper, "move out in two weeks"? Sometimes you can find another place to live that quickly, but there's no way I can find another live-in helper in such a short time. So I'm going through this big hassle



From where
I sit

Mary Hepburn

again. It's back to the revolving door. Who's coming? Who's driving me to work? Who's gonna fix dinner? breakfast? Who's gonna do the laundry . . . grocery shopping . . . errands . . . whatever?

So what happened to commitment? I'm left dangling and she's off sailing the seven seas.

I hope she springs a leak.

Mary Hepburn is a public affairs specialist in the Office of Clinical Center Communications. Her multiple sclerosis was diagnosed in 1981. Comments and observations can be sent to her in building 10, room 1C255.

September security tip crime prevention NIH security branch

Verify the authenticity of all persons entering your work place to perform repair work or to pick up and deliver goods and equipment.



Check invoices



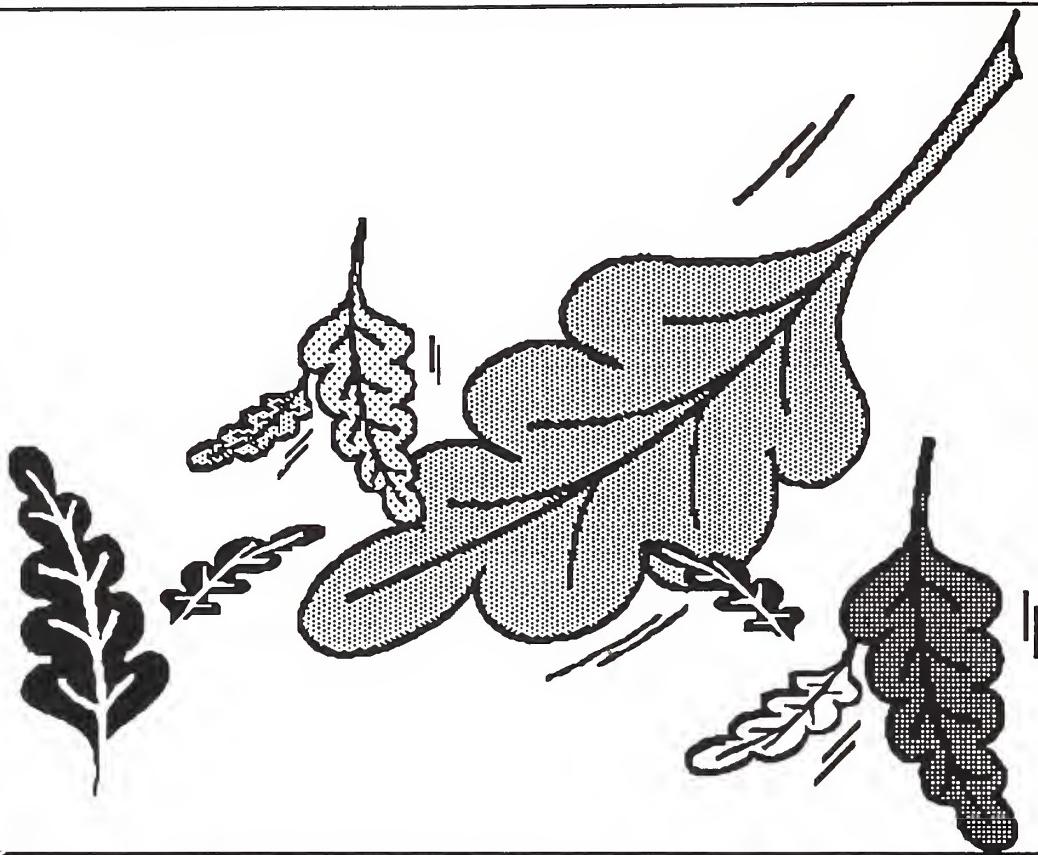
Verify all work orders

CC poster at NIH research day

By Harriett Bennett

The Clinical Center will be among several NIH participants sharing scientific research data at the upcoming NIH Research Day '88 Tuesday, September 27.

One of many displays in this year's poster session features a collaborative effort by Dr. David K. Henderson, hospital epidemiologist, and Deloris Koziol, an infection control consultant in the epidemiology department. The posters focus on: 1) time trends in HIV seropositivity in eastern region blood donors (those who tested positive in the last quarter of the study were more likely to be female than male); and 2) exposure to blood/body fluids in the clinical setting (while there was a small risk of exposure involving needlestick, the study found that there were far too many cutaneous/mucous membrane exposures, e.g., eye or skin). These posters, first presented at the last International AIDS Conference in Stockholm, Sweden, will be updated and presented at the next conference in Los Angeles. □



c.r. garnett '88

SEPTEMBER CALENDAR OF EVENTS

5 Labor Day

7 Grand Rounds. *The Premenstrual Syndrome: A Critical Look.* David Rubinow, M.D., NIMH. *Multidrug Resistance in Human Cancer.* Michael Gottesman, M.D., NCI. Lipsett Auditorium, noon-1 p.m.

7 ECS Guest Lecture Series. *The Addictive Personality: From Struggle to Success.* Carol Weiss, L.C.S.W., and Michael Bowler, Ph.D. Wilson Hall, Shannon Building, noon-1 p.m.

8 Monthly Seminar Series for Supervisors. *The Hiring Process.* Neil Parker. Sponsored by educational services. For information, call 496-1618. Clinical Center, room 1N248, 9 a.m. to 5 p.m.

14 Grand Rounds. *Myocardial Function in Septic Shock.* Margaret Parker, M.D., CC. *Clinical Center Alumnus Presentation—Active (Positive) Controlled Trials.* Robert Temple, M.D., FDA. Lipsett Auditorium, noon-1 p.m.

16 Monthly Seminar Series for Supervisors. *Keeping Your Staff Safe and What To Do If Something Happens!* Includes presentations on occupational medical services, worker's compensation, safety awareness, and infection control issues. Sponsored by educational services. For information, call 496-1618. Clinical Center, room 1N248, 9 a.m. to noon.

21 No Grand Rounds (Yom Kippur)

23 How-To Series. *How To Manage Your Time—Follow-Up.* Sponsored by educational services. For information, call 496-1618. Clinical Center, room 1N248, 9 a.m. to noon.

27 NIH Research Day. For information, call Leslie Fink at 496-5133. Parking lot in front of Building 30. Symposium 8-11:30 a.m., poster session 11:30 a.m. to 1:30 p.m. (box lunches available), workshops 1:30-5 p.m., picnic and entertainment 5:30-8 p.m.

28 Grand Rounds. *Prognostic Applications of Radionuclide Angiography in Patients with Coronary Artery Disease.* Robert Bonow, M.D., NHLBI. *Tissue Implants in the Treatment of Parkinson Disease.* Irwin Kopin, M.D., NINCDS. Lipsett Auditorium, noon-1 p.m.

29-30 Technical Sales Association scientific equipment exhibit. Parking lot of Building 30, 10-3:30 p.m.



CC News is published monthly for employees like Kurt Adams, who recently joined the office of the director as clerk/typist. He says he enjoys working at the CC "because it is like a family here." In addition, he says, "the atmosphere is business-like."